

[illegible]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0160			S 0160		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0160	Continued from page 2 551.101 Correction of Deficiency - Policy 551.101 Policy If an ASF notifies the Department that it has completed a plan of correction and corrected its deficiencies, the Department will conduct a survey to ascertain completion of the plan of correction. Upon finding full or substantial compliance, as defined in 551.82 (b)(relating to a regular license), the Department will issue a regular license. This REGULATION is not met as evidenced by:	S 0160	Correction of Deficiency - Policy 551.101 S 0160 Systematic Changes and Sustaining the Plan The Center Administrator (CA) scheduled a call with the corporate Facilities Management & Construction to review the HVAC issues. It was noted that during the call, the temperature and humidity was not necessarily an HVAC issue but more related top staff non-compliance with the Plan of Correction (PoC) response. The CA reviewed the temperature and humidity logs that had been completed since the PoC was submitted in March 2023. The CA noted the surveyor findings and called a meeting with the staff on 5/3/2023. The meeting included a discussion of the PoC responses that were submitted from the previous visit compared to the revisit on 4/20/2023, where the temperature and humidity were identified the temperature and humidity as not documented or	Completion Date: 06/05/2023 Status: APPROVED Date: 05/09/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	Continued from page 3	S 0160	checked as per policy or per established temperature and humidity parameters. The CA reviewed the policy named 'Temperature & Humidity' and the logs used to monitor the temperature and humidity that list the ranges currently used in procedure rooms, pre-op, PACU, and storage locations. The CA stressed the importance of the requirement of checking the temperature and humidity daily in all clinical locations. The CA reinforced the actions for staff to take in the event the temperature or the humidity were found out of range during the daily recordings. The CA confirmed by review of the temperature and humidity logs that parameters and the instruction on actions to take if the readings were out of range were stated on the logs, for staff to reference. The actual temperature and humidity at the time of the reading will be documented by staff and coincide with the ranges per policy. If the temperature or humidity were		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	Continued from page 4	S 0160	within range, the staff only needed to document as such. If the readings were out of the established range, the staff was instructed to take a new reading as a follow up action, after the adjustment was made. This second reading of the temperature or humidity is a method to confirm that the adjustment was successful or if unsuccessful the CA would involve the HVAC vendor in the resolution. Monitoring The CA will audit the temperature and humidity logs in clinical areas, daily for 2 weeks to confirm the temperature and humidity are being monitored, actions are being taken if out of established ranges, and documentation is complete. The CA will initial the log each day for the 2 week period, confirming the staff is completing the log and that when the temperature and humidity parameters were out of range, actions were taken and documented. As an additional method to validate staff compliance, the CA will notify the Director of Operations (DOO) immediately upon discovery.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	Continued from page 5	S 0160	<p>Our target for compliance with the consistency of daily monitoring and documentation of temperature and humidity in the pre-op, PACU, and storage locations is 100%. If we do not achieve 100% compliance, the audits will continue for subsequent 2-week periods until compliance is met. Audits will begin on 5/15/2023. Once compliance goal is met, the audits will be incorporated into the monthly infection control rounds. Documents will be kept on site and made available will where they will be readily accessible by administration to state, federal, and accreditation agencies.</p> <p>Responsible Party & Reporting The CA is responsible for compliance with the content of this PoC.</p> <p>Compliance with this plan is reported to and reviewed by the Quality Assessment and Performance Improvement (QAPI) and Medical Executive Committee (MEC) Committees. Minutes from the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	Continued from page 6	S 0160	QAPI/MEC Committee will serve as a validation that the groups were informed, and the systematic changes addressed here were recommended to the GB for approval at the next scheduled meeting.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	<p>Continued from page 7</p> <p>Based on an unannounced, on-site survey revisit completed on April 20, 2023, a review of the facility's Plan of Correction (POC), facility documents, and staff interview (EMP), determined Mid-Atlantic Gastrointestinal Center 2 failed to follow their POC that was submitted and accepted by the Department with a completion date of March 13, 2023.</p> <p>Findings include:</p> <p>The facility POC stated, "The Center Administrator (CA) will audit the temperature and humidity logs instituted in Procedure Rooms, pre-op, PACU, and the storage rooms daily for 2 weeks to confirm the temperature and humidity are being monitored and documentation is complete."</p> <p>On April 20, 2023, review of facility policy "Temperature and Humidity Operating Room/Procedure Room" effective March 2023 revealed "Policy: The procedure room temperature and humidity is documented on a daily basis.</p>	S 0160			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	Continued from page 8 Procedure: The Decontamination room personnel documents the procedure room temperatures and humidity on the log sheet daily. The temperature of the procedure room ranges between 68° to 73°, The humidity ranges between 30% and 60%. If either the temperature or humidity fall outside these ranges, the center director notifies the contracted HVAC service." On April 20, 2023, review of the facility Temperature and Humidity logs revealed, 1. Procedure room 2 humidity level was below facility policy of 30% on March 30, 2023, it was noted to be 20% no documented comments were entered for follow-up or resolve; March 31, 2023, it was noted to be 26% no documented comments were entered for follow-up or resolve; April 3, 2023, it was noted to be 25% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 29% no documented comments were entered for follow-up or resolve. Temperature level was below facility	S 0160			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	Continued from page 9 policy of 68 degrees on March 29, 2023, it was noted to be 64 degrees and no documented comments were entered for follow-up or resolve. 2. Procedure room 3 humidity level was below facility policy of 30% on March 31, 20213, it was noted to be 24% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 23% no documented comments were entered for follow-up or resolve. Temperature level was below facility policy of 68 degrees on March 23, 2023, it was noted to be 66 degrees no documented comments were entered for follow-up or resolve; March 29, 2023, it was noted to be 61 degrees no documented comments were entered for follow-up or resolve; March 31, 2023, it was noted to be 67 degrees no documented comments were entered for follow-up or resolve. 3. Room 4 humidity level was below facility policy of 30% on March 30, 2023, it was noted to be 16% no documented comments were entered for follow-up or resolve; April 7, 2023, it was noted to	S 0160			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0160	Continued from page 10 be 21% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 24% no documented comments were entered for follow-up or resolve. During interview on April 20, 2023, EMP1 confirmed the humidity and temperatures were out of range with no documentation of follow-up or resolve in all dates noted. Cross Reference to 28 Pa Code 567.43 Ventilation System	S 0160			
S 6747		S 6747			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	<p>Continued from page 11</p> <p>567.43 Ventilation System</p> <p>The ventilation system shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards).</p> <p>This REGULATION is not met as evidenced by:</p>	S 6747	<p>Ventilation System 567.43 S 6747 Systematic Changes and Sustaining the Plan</p> <p>The CA scheduled a call with the corporate Facilities Management & Construction to review the HVAC issues. It was noted that during the call, the temperature and humidity was not necessarily an HVAC issue but more related top staff non-compliance with the PoC response.</p> <p>The CA reviewed the temperature and humidity logs that had been completed since the PoC was submitted in March 2023. The CA noted the surveyor findings and called a meeting with the staff on 5/3/2023. The meeting included a discussion of the PoC responses that were submitted from the previous visit compared to the revisit on 4/20/2023, where the temperature and humidity were identified the temperature and humidity as not documented or checked as per policy or per established temperature and</p>	<p>Completion Date: 06/05/2023 Status: APPROVED Date: 05/09/2023</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	Continued from page 12	S 6747	<p>humidity parameters.</p> <p>The CA reviewed the policy named 'Temperature & Humidity' and the logs used to monitor the temperature and humidity that list the ranges currently used in procedure rooms, pre-op, PACU, and storage locations. The CA stressed the importance of the requirement of checking the temperature and humidity daily in all clinical locations.</p> <p>The CA reinforced the actions for staff to take in the event the temperature or the humidity were found out of range during the daily recordings.</p> <p>The CA confirmed by review of the temperature and humidity logs that parameters and the instruction on actions to take if the readings were out of range were stated on the logs, for staff to reference. The actual temperature and humidity at the time of the reading will be documented by staff and coincide with the ranges per policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	Continued from page 13	S 6747	If the temperature or humidity were within range, the staff only needed to document as such. If the readings were out of the established range, the staff was instructed to take a new reading as a follow up action, after the adjustment was made. This second reading of the temperature or humidity is a method to confirm that the adjustment was successful or if unsuccessful the CA would involve the HVAC vendor in the resolution. Monitoring The CA will audit the temperature and humidity logs in clinical areas, daily for 2 weeks to confirm the temperature and humidity are being monitored, actions are being taken if out of established ranges, and documentation is complete. The CA will initial the log each day for the 2 week period, confirming the staff is completing the log and that when the temperature and humidity parameters were out of range, actions were taken and documented. staff compliance, the CA will notify the DOO immediately upon		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	Continued from page 14	S 6747	<p>discovery.</p> <p>Our target for compliance with the consistency of daily monitoring and documentation of temperature and humidity in the pre-op, PACU, and storage locations is 100%. If we do not achieve 100% compliance, the audits will continue for subsequent 2-week periods until compliance is met. Audits will begin on 5/15/2023. Once compliance goal is met, the audits will be incorporated into the monthly infection control rounds.</p> <p>Documents will be kept on site and made available will where they will be readily accessible by administration to state, federal, and accreditation agencies.</p> <p>Responsible Party & Reporting The CA is responsible for compliance with the content of this PoC.</p> <p>Compliance with this plan is reported to and reviewed by the QAPI and MEC Committees. Minutes from the QAPI/MEC Committee will serve as a validation that the groups were</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	Continued from page 15	S 6747	informed, and the systematic changes addressed here were recommended to the GB for approval at the next scheduled meeting.		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	Continued from page 16 Based on review of facility documents and staff interview (EMP), the facility failed to maintain minimum humidity and temperature requirements according to facility policy. Findings include: On April 20, 2023, review of facility policy "Temperature and Humidity Operating Room/Procedure Room" effective March 2023 revealed, "Policy: The procedure room temperature and humidity is documented on a daily basis. Procedure: The Decontamination room personnel documents the procedure room temperatures and humidity on the log sheet daily The temperature of the procedure room ranges between 68° to 73 °, The humidity ranges between 30% and 60%, if either the temperature or humidity fall outside these ranges, the center director notifies the contracted HVAC service." On April 20, 2023, review of the facility Temperature and Humidity logs revealed,	S 6747			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	Continued from page 17 1. Procedure room 2 humidity level was below facility policy of 30% on March 30, 2023, it was noted to be 20% no documented comments were entered for follow-up or resolve; March 31, 2023, it was noted to be 26% no documented comments were entered for follow-up or resolve; April 3, 2023, it was noted to be 25% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 29% no documented comments were entered for follow-up or resolve. Temperature level was below facility policy of 68 degrees on March 29, 2023, it was noted to be 64 degrees no documented comments were entered for follow-up or resolve. 2. Procedure room 3 humidity level was below facility policy of 30% on March 31, 2023, it was noted to be 24% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 23% no documented comments were entered for follow-up or resolve. Temperature level was below facility policy of 68 degrees on	S 6747			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6747	<p>Continued from page 18</p> <p>March 23, 2023, it was noted to be 66 degrees no documented comments were entered for follow-up or resolve; March 29, 2023, it was noted to be 61 degrees no documented comments were entered for follow-up or resolve; March 31, 2023, it was noted to be 67 degrees no documented comments were entered for follow-up or resolve.</p> <p>3. Room 4 humidity level was below facility policy of 30% on March 30, 2023, it was noted to be 16% no documented comments were entered for follow-up or resolve; April 7, 2023, it was noted to be 21% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 24% no documented comments were entered for follow-up or resolve.</p> <p>During interview on April 20, 2023, EMP1 confirmed the humidity and temperatures were out of range with no documentation of follow-up or resolve in all dates noted.</p> <p>28 Pa. Code 567.43</p>	S 6747			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023	
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6747	Continued from page 19 Continuing deficiency April 20, 2023			S 6747			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101		Q 0101			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	Continued from page 1 416.44(a)(1) PHYSICAL ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area. This REQUIREMENT is not met as evidenced by:	Q 0101	Physical Environment - 416.44(a)(1) Q 0101 Systematic Changes and Sustaining the Plan The CA scheduled a call with the corporate Facilities Management & Construction to review the HVAC issues. It was noted that during the call, the temperature and humidity was not necessarily an HVAC issue but more related top staff non-compliance with the PoC response. The CA reviewed the temperature and humidity logs that had been completed since the PoC was submitted in March 2023. The CA noted the surveyor findings and called a meeting with the staff on 5/3/2023. The meeting included a discussion of the PoC responses that were submitted from the previous visit compared to the revisit on 4/20/2023, where the temperature and humidity were identified the temperature and humidity as not documented or checked as per policy or per	Completion Date: 06/05/2023 Status: APPROVED Date: 05/09/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	Continued from page 2	Q 0101	<p>established temperature and humidity parameters.</p> <p>The CA reviewed the policy named 'Temperature & Humidity' and the logs used to monitor the temperature and humidity that list the ranges currently used in procedure rooms, pre-op, PACU, and storage locations. The CA stressed the importance of the requirement of checking the temperature and humidity daily in all clinical locations.</p> <p>The CA reinforced the actions for staff to take in the event the temperature or the humidity were found out of range during the daily recordings.</p> <p>The CA confirmed by review of the temperature and humidity logs that parameters and the instruction on actions to take if the readings were out of range were stated on the logs, for staff to reference. The actual temperature and humidity at the time of the reading will be documented by</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	Continued from page 3	Q 0101	<p>staff and coincide with the ranges per policy. If the temperature or humidity were within range, the staff only needed to document as such.</p> <p>If the readings were out of the established range, the staff was instructed to take a new reading as a follow up action, after the adjustment was made. This second reading of the temperature or humidity is a method to confirm that the adjustment was successful or if unsuccessful the CA would involve the HVAC vendor in the resolution.</p> <p>Monitoring The CA will audit the temperature and humidity logs in clinical areas, daily for 2 weeks to confirm the temperature and humidity are being monitored, actions are being taken if out of established ranges, and documentation is complete. The CA will initial the log each day for the 2 week period, confirming the staff is completing the log and that when the temperature and humidity parameters were</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	Continued from page 4	Q 0101	<p>out of range, actions were taken and documented. As an additional method to validate staff compliance, the CA will notify the Director of Operations (DOO) immediately upon discovery.</p> <p>Our target for compliance with the consistency of daily monitoring and documentation of temperature and humidity in the pre-op, PACU, and storage locations is 100%. If we do not achieve 100% compliance, the audits will continue for subsequent 2-week periods until compliance is met. Audits will begin on 5/15/2023. Once compliance goal is met, the audits will be incorporated into the monthly infection control rounds.</p> <p>Documents will be kept on site and made available will where they will be readily accessible by administration to state, federal, and accreditation agencies.</p> <p>Responsible Party & Reporting The CA is responsible for compliance with the content of this PoC.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	Continued from page 5	Q 0101	Compliance with this plan is reported to and reviewed by the QAPI and MEC Committees. Minutes from the QAPI/MEC Committee will serve as a validation that the groups were informed, and the systematic changes addressed here were recommended to the GB for approval at the next scheduled meeting.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	<p>Continued from page 6</p> <p>Based on review of facility documents and staff interview (EMP), the facility failed to maintain minimum humidity and temperature requirements according to facility policy.</p> <p>Findings include:</p> <p>On April 20, 2023, review of facility policy "Temperature and Humidity Operating Room/Procedure Room" effective March 2023 revealed, "Policy: The procedure room temperature and humidity is documented on a daily basis. Procedure: The Decontamination room personnel documents the procedure room temperatures and humidity on the log sheet daily The temperature of the procedure room ranges between 68° to 73 °, The humidity ranges between 30% and 60%, if either the temperature or humidity fall outside these ranges, the center director notifies the contracted HVAC service."</p> <p>On April 20, 2023, review of the facility Temperature and Humidity logs revealed,</p>	Q 0101			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	Continued from page 7 1. Procedure room 2 humidity level was below facility policy of 30% on March 30, 2023, it was noted to be 20% no documented comments were entered for follow-up or resolve; March 31, 2023, it was noted to be 26% no documented comments were entered for follow-up or resolve; April 3, 2023, it was noted to be 25% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 29% no documented comments were entered for follow-up or resolve. Temperature level was below facility policy of 68 degrees on March 29, 2023, it was noted to be 64 degrees no documented comments were entered for follow-up or resolve. 2. Procedure room 3 humidity level was below facility policy of 30% on March 31, 2023, it was noted to be 24% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 23% no documented comments were entered for follow-up or resolve. Temperature level was below facility policy of 68 degrees on	Q 0101			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501		STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0101	<p>Continued from page 8</p> <p>March 23, 2023, it was noted to be 66 degrees no documented comments were entered for follow-up or resolve; March 29, 2023, it was noted to be 61 degrees no documented comments were entered for follow-up or resolve; March 31, 2023, it was noted to be 67 degrees no documented comments were entered for follow-up or resolve.</p> <p>3. Room 4 humidity level was below facility policy of 30% on March 30, 2023, it was noted to be 16% no documented comments were entered for follow-up or resolve; April 7, 2023, it was noted to be 21% no documented comments were entered for follow-up or resolve; April 10, 2023, it was noted to be 24% no documented comments were entered for follow-up or resolve.</p> <p>During interview on April 20, 2023, EMP1 confirmed the humidity and temperatures were out of range with no documentation of follow-up or resolve in all dates noted.</p>	Q 0101			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001245	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: MID-ATLANTIC GASTROINTESTINAL CENTER 2 STATE LICENSE NUMBER: 21591501			STREET ADDRESS, CITY, STATE, ZIP CODE: 4140 OREGON PIKE EPHRATA, PA 17522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
Q 0101	Continued from page 9		Q 0101		



Certified End Page

MID-ATLANTIC GASTROINTESTINAL CENTER 2

STATE LICENSE NUMBER: 21591501

SURVEY EXIT DATE: 04/20/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY